

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT APPLICATION OF

FLAGELLO et al.

Appln. No.: New U.S. Non-Provisional Application

Filed: October 31, 2003

Title: LITHOGRAPHIC APPARATUS AND DEVICE MANUFACTURING METHOD

Confirmation No.: Unassigned

Group Art Unit: Unassigned

Examiner: Unassigned

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INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

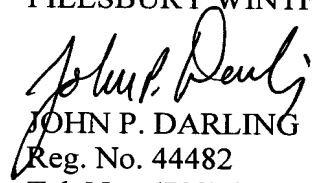
Attached is form PTO-1449 listing the enclosed document.

This IDS is intended to be in full compliance with the rules, but should the Examiner find any part of its required content to have been omitted, prompt notice to that effect is earnestly solicited, along with additional time under Rule 97(f), to enable Applicants to comply fully.

FLAGELLO et al. – New Non-Provisional Application
Client/Matter: 081468-0302644

Consideration of the foregoing and enclosures plus the return of a copy of the enclosed Form PTO-1449 with the Examiner's initials in the left column per MPEP 609 are earnestly solicited along with an early action on the merits.

Respectfully submitted,
PILLSBURY WINTHROP LLP


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Date: October 31, 2003

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Enclosures:
PTO-1449
Cited Reference

Atty. Dkt. No.	M#	Client Ref.
	0302644	P-1698.000-US

**INFORMATION DISCLOSURE STATEMENT
 BY APPLICANT**

Applicant: FLAGELLO

Appln. No.: New application

Filing Date: October 31, 2003

Examiner: Unassigned Group Art Unit: Unassigned

Date: October 31, 2003 Page 1 of 1

U.S. PATENT DOCUMENTS

Examiner's Initials*	Document Number	Date MM/YYYY	Name (Family Name of First Inventor)	Class	Sub Class	Filing Date (if appropriate)
AR						
BR						
CR						
DR						
ER						
FR						
GR						
HR						
IR						
JR						
KR						
LR						
MR						
NR						

FOREIGN PATENT DOCUMENTS

	Document Number	Date MM/YYYY	Country	Inventor Name	English Abstract		Translation Readily Available	
					Enclosed	No	Enclose	No
OR	WO99/49504	09/1999	WIPO	Fukami et al.	X			
PR								
QR								
RR								
SR								
TR								
UR								
VR								
WR								
XR								

OTHER (Including in this order Author, Title, Periodical Name, Date, Pertinent Pages, etc.)

YR								
ZR								
AAR								
BBR								
CCR								
DDR								

Examiner _____ Date Considered: _____

*EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP § 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.